'ision:	HCFA-PM-91 1991	·	,		ATTACHMENT 2.2-A Page 25a OMB NO.: 0938-
	State:		<u>K</u> 6	entucky	
Agency*	Citation(s)			Groups Covered	
	c.	Optional	Cover	age of Medically Needy	(Continued)
			_ (c	in foster homes or institutions by pr	individuals placed private
			(2)	Individuals in adoptifull or part by a pubunder the age of	lic agency (who are
			(3)	Individuals in NFs (w of). NF serviunder this plan.	
		***************************************	(4)	In addition to the grindividuals in ICFs/Mage of).	
			(5)	Individuals receiving inpatients in psychia programs (who are und). Inpatient psy for individuals under under this plan.	tric facilities or er the age of chiatric services
			(6)	Other defined groups specified in Suppleme ATTACHMENT 2.2-A.	

Approval Date NOV 14 1994 **Yo.** 92-1 rsedes Effective Date \_\_\_\_1-1-92 o. None

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ATTACHMENT 2.2-A

vision:		991	(BPD) Kentucky	ATTACHMENT 2.2-A Page 26 OMB NO.: 0938-
	State			
Agency*	Citation(s)		Groups	Covered
IV-A		c. Opt	ional Coverage of Medic	cally Needy (Continued)
42 CFR	435.310	$\sqrt{X}$ 6	. Caretaker relatives.	
42 CFR and 43		<u>∠X</u> / 7	. Aged individuals.	
and 43		<u>√x</u> / 8	. Blind individuals.	
IV-A 42 CFR and 43 IV-A	435.324 5.330	<u>√</u>	. Disabled individuals	•
42 CFR	435.326	10	not enrolled in an H	d be ineligible if they were MO. Categorically needy red under 42 CFR 435.212 and to medically needy
435.34	0	11	. Blind and disabled in	ndividuals who:
IV-A				requirements for Medicaid t the blindness or disability
			b. Were eligible as a 1973 as blind or o	medically needy in December disabled; and
				ive month after December 1973 the December 1973 eligibility
No. 92 ≥rsedes		Approva	NOV 14 1994	Effective Date1-1-92

ersedes ). None

HCFA ID: 7984E

Revision: HCFA-PM-91-8 (BPD) ATTACHMENT 2.2-A October 1991 Page 26a OMB NO.: 0938-Kentucky State:

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of 2 months.

TN No. 92-22 Supersedes TN No. None

Approval Date 2-11-93 Effective Date 2-1-93